

## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/> Customer Number: <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span> OR <input checked="" type="checkbox"/> Correspondence address below			
Name Jolly Fields Izoe			
Address 2600 N. W. 63rd. St., #99			
City Oklahoma City		State OK	ZIP 73116-4928
Country USA	Telephone 405-286-1912	Fax 405-286-1912	
<small>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</small>			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Jolly Fields		Family Name or Surname Izoe	
Inventor's Signature <i>Jolly Fields Izoe</i>		Date 04-16-04	
Residence: City Oklahoma City	State OK	Country USA	Citizenship USA
Mailing Address 2600 N. W. 63rd. St., #99,			
City Oklahoma City	State OK	ZIP 73116-4928	Country USA
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	ZIP	Country
<input type="checkbox"/> Additional inventors or a legal representative are being named on the supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			